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Transmission Date: **04 February 2009** Docket: **1043-005**Transmission #: **1** of Total Transmissions: **1**Pages in this Transmission: **20** of Total Pages Transmitted: **20**

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Reply to Non-Final Office Action (17 sheets)
Fee Transmittal Form (PTO/SB/17) (1 sheet)
Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number 10/563,187
Confirmation No.: 5857
Filing Date: 30 December 2005
Document Submission Date: 04 February 2009

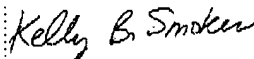
Art Unit: 3621
Examiner: Le, Nancy Loan T.
Inventor: de Janasz, Christopher G.
Docket: 1043-005

04 Feb 2009

Date

Kelly B. Smoker

Name of Certifier



Signature of Certifier

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$) 555.00
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Complete if Known	
Application Number:	10/563,187
Filing Date:	30 December 2005
First Named Inventor:	de Janasz, Christopher G.
Examiner Name:	Le, Nancy Loan T.
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METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$)

- 20 or HP = 0 x 26 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = 0 x 110 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	0	135	0

4. OTHER FEE(S)

Description	Fee (\$)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0	0
Other (e.g., late filing surcharge): Extension: 3 Month	555	555

SUBMITTED BY

Signature: *Michael N. Haynes* Registration No. _____ Telephone _____

Name (Print/Type): _____ Address (Agent) _____ Date: 04 Feb 2009

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